

No. W 39414

Due no later than May 31, 2006

Annual Report Form

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

KEVIN HINTZ FAMILY DENTISTRY L.L.C.  
1206 N IDAHO ST  
POST FALLS, ID 83854

2. Registered Agent and Office NO PO BOX

KEVIN HINTZ  
1206 N IDAHO ST  
POST FALLS, ID 83854

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
Member	Kevin Hintz	4937W. Palmwood Ln	Post Falls, ID	ID	83854
Manager	Richelle Hintz	4937W. Palmwood Ln	Post Falls, ID	ID	83854

5. Organized Under the Laws of:

IDAHO  
W 39414

6. Signature *Richelle Hintz Manager* Date *4/19/06*

Name (Typed or Printed) *Richelle Hintz, Manager* Title *Manager*

Issued 03/01/2006

Do Not Tape or Staple

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